SEVEN OAKS

6263 NORT	H GREEN	BAY	AVENUE	
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GLENDALE	53209	Phone: (414) 351-0543	3	Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation	: 365	Highest Level License:	Skilled
Operate in Con	njunction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Bed	s Set Up and St	affed (12/31/03):	94	Title 18 (Medicare) Certified?	Yes
Total Licensed	d Bed Capacity	(12/31/03):	94	Title 19 (Medicaid) Certified?	Yes
Number of Res	idents on 12/31	./03:	88	Average Daily Census:	90

Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	%	
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 					15.9 30.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	3.4
Day Services	No	Mental Illness (Org./Psy)	14.8	65 - 74	2.3		
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	63.6		50.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	22.7	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	11.4	Full-Time Equivalent	
Congregate Meals	No	Cancer	4.5			Nursing Staff per 100 Resi	dents
Home Delivered Meals	No	Fractures	27.3		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	40.9	65 & Over	100.0		
Transportation	No	Cerebrovascular	3.4			RNs	5.7
Referral Service	No	Diabetes	3.4	Gender	용	LPNs	13.6
Other Services	Yes	Respiratory	5.7			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	0.0	Male	23.9	Aides, & Orderlies	38.3
Mentally Ill	No			Female	76.1		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		Family Care			anaged Care			
Level of Care	No.	9	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	્	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	Ş	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	10	100.0	318	37	100.0	132	0	0.0	0	37	100.0	204	4	100.0	132	0	0.0	0	88	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		37	100.0		0	0.0		37	100.0		4	100.0		0	0.0		88	100.0

SEVEN OAKS

Admissions, Discharges, and	I	Percent Distributio	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
	I				% Needing		Total
Percent Admissions from:	1	Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	5.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.4	Bathing	5.7		43.2	51.1	88
Other Nursing Homes	0.0	Dressing	10.2		48.9	40.9	88
Acute Care Hospitals	91.0	Transferring	25.0		50.0	25.0	88
Psych. HospMR/DD Facilities	0.0	Toilet Use	15.9		34.1	50.0	88
Rehabilitation Hospitals	0.0	Eating	56.8		22.7	20.5	88
Other Locations	2.1	******	*****	*****	*****	******	*****
Total Number of Admissions	144	Continence		용	Special Treatmen	cs	용
Percent Discharges To:	1	Indwelling Or Exter	nal Catheter	3.4	Receiving Resp	iratory Care	2.3
Private Home/No Home Health	36.6	Occ/Freq. Incontine	nt of Bladder	30.7	Receiving Trac	neostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontine	nt of Bowel	20.5	Receiving Suct	ioning	0.0
Other Nursing Homes	1.4	_			Receiving Osto	my Care	1.1
Acute Care Hospitals	25.5	Mobility			Receiving Tube	Feeding	2.3
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	2.3	Receiving Mech	anically Altered Diets	25.0
Rehabilitation Hospitals	0.0				3	-	
Other Locations	17.2 I	Skin Care			Other Resident C	naracteristics	
Deaths	19.3 i	With Pressure Sores		3.4	Have Advance D	irectives	68.2
Total Number of Discharges	i	With Rashes		4.5	Medications		
(Including Deaths)	145 i				Receiving Psyc	noactive Drugs	27.3

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This	1 2			Size: -99		ensure: lled	Al.	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	엉	Ratio	8	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.7	84.7	1.13	88.1	1.09	86.6	1.11	87.4	1.10
Current Residents from In-County	89.8	81.8	1.10	88.7	1.01	84.5	1.06	76.7	1.17
Admissions from In-County, Still Residing	36.8	17.7	2.08	20.6	1.79	20.3	1.81	19.6	1.87
Admissions/Average Daily Census	160.0	178.7	0.90	189.9	0.84	157.3	1.02	141.3	1.13
Discharges/Average Daily Census	161.1	180.9	0.89	189.2	0.85	159.9	1.01	142.5	1.13
Discharges To Private Residence/Average Daily Census	58.9	74.3	0.79	75.8	0.78	60.3	0.98	61.6	0.96
Residents Receiving Skilled Care	100	93.6	1.07	94.9	1.05	93.5	1.07	88.1	1.14
Residents Aged 65 and Older	100	84.8	1.18	91.0	1.10	90.8	1.10	87.8	1.14
Title 19 (Medicaid) Funded Residents	42.0	64.1	0.66	48.6	0.86	58.2	0.72	65.9	0.64
Private Pay Funded Residents	42.0	13.4	3.13	30.8	1.36	23.4	1.80	21.0	2.01
Developmentally Disabled Residents	0.0	1.1	0.00	0.4	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	14.8	32.2	0.46	31.3	0.47	33.5	0.44	33.6	0.44
General Medical Service Residents	0.0	20.8	0.00	24.1	0.00	21.4	0.00	20.6	0.00
Impaired ADL (Mean)	57.5	51.8	1.11	48.8	1.18	51.8	1.11	49.4	1.16
Psychological Problems	27.3	59.4	0.46	61.9	0.44	60.6	0.45	57.4	0.48
Nursing Care Required (Mean)	4.8	7.4	0.65	6.8	0.71	7.3	0.67	7.3	0.66